

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<u>4</u>	<u>08 / 21 / 2017</u>		<u>SODEXO FOOD SERVICE - JOSE LG RIOS</u>	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	<u>11:54 AM</u>	<u>1:15 PM</u>	<u>SODEXO MANAGEMENT, INC.</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>170003089</u>		<u>165 SPRUANCE DRIVE, PMT</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>SCHOOL CAFETERIA</u>				<u>9</u>	<u>689-2490</u>	<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations <u>0</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Approved Source						
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Protection from Contamination						
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	<input type="radio"/> N/O		6
Consumer Advisory						
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
Chemical						
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50	<input checked="" type="radio"/> X		Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="radio"/> X		Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="radio"/> X		Physical facilities installed, maintained, and clean			1
53	<input checked="" type="radio"/> X		Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

Person in Charge (Print and Sign)

Sablan Nare

DEH Inspector (Print and Sign)

L. NAYARO

V. RAYMUNDO

Date:

8/21/2017

Follow-up (Circle one):

YES NO

Follow-up Date

N/A

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ESTABLISHMENT NAME SODEXO FOOD SERVICE - JOSE LG RIOS		LOCATION (Address) 165 SPRUANCE DRIVE, PITI
INSPECTION DATE 08, 21, 2017	SANITARY PERMIT NO. 170003089	PERMIT HOLDER SODEXO MANAGEMENT, INC.

TEMPERATURE OBSERVATIONS

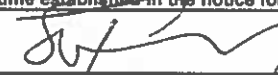

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
TURKEY DOG / SERVICE LINE	159.0 °F		
TURKEY DOG / WARMER	173.5 °F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 05/24/17 WHICH RESULTED IN A GRADE/RATING OF 14/B. PREVIOUS VIOLATIONS OF ITEMS # 26, 35, 44, 45 & 50 WERE CORRECTED. HOWEVER, PREVIOUS VIOLATIONS OF ITEMS # 52 AND 53 REMAIN UNCORRECTED, AND A NEW VIOLATION OF ITEM # 50 WAS OBSERVED AS DESCRIBED BELOW:	
50	TOILET DOOR IS NOT SELF-CLOSING. TOILET DOOR SHALL BE SELF-CLOSING TO PREVENT ENTRY OF PESTS.	09/20/17
52	WATER LEAKING FROM INSIDE AND UNDER THE THREE-DOOR CHILLER, AND FROM THE FANS AND CEILING OF THE WALK-IN CHILLER. PHYSICAL FACILITIES SHALL BE PROPERLY MAINTAINED TO PREVENT CROSS-CONTAMINATION	09/20/17
53	NO LIGHT BULB PROVIDED IN THE WALK-IN CHILLER. PIC SAID THEY USE PERSONAL FLASH LIGHTS / PHONE TO LIGHT THE CHILLER DURING CLEANING / OPERATION. ADEQUATE LIGHTING SHALL BE PROVIDED TO FACILITATE PROPER CLEANING.	09/30/17
	PICTURES OF VIOLATIONS WERE TAKEN. REMOVED "B" PLACARD NO. 00871. POSTED "A" PLACARD NO. 02498. DISCUSSED THIS REPORT WITH PIC, TIARA SABLAN.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) Sablan, Tiara / 	Date: 8/27/2017
DEH Inspector (Print and Sign) L. NAVARRO / V. RAYMUNDO 	Date: 08/21/17